

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J11461**

1. Entity Name

**M & P LANDSCAPE COMPANY, INC.**



Principal Place of Business

**9465 153RD ROAD SOUTH  
DELRAY BEACH FL 33446-9711  
US**

Mailing Address

**P.O. BOX 6969  
DELRAY BEACH FL 33482-6969  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0085820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ROBERT MAXWELL  
17723 PINE NEEDLE TERRACE  
X  
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TSD** ☐ Delete  
NAME **GARCIA, ROBERT MAXWELL**  
STREET ADDRESS **17723 PINE NEEDLE TERR.**  
CITY-STATE-ZIP **BOCA RATON FL**

☐ Change ☐ Addition  
NAME **U00000705370**  
STREET ADDRESS **04/23/07-80042-013**  
CITY-STATE-ZIP **150.00**

TITLE **VD** ☐ Delete  
NAME **TRAVIS, PAUL MAXWELL**  
STREET ADDRESS **8362 SAWPINE RD.**  
CITY-STATE-ZIP **DELRAY BEACH FL**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **PD** ☐ Delete  
NAME **TRAVIS, MARK MILFORD**  
STREET ADDRESS **704 N.E. 23RD TERR.**  
CITY-STATE-ZIP **POMPANO BEACH FL**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/07

561-498-4125